

**BRIXWORTH
RURAL DISTRICT**

ANNUAL REPORT

OF THE

**MEDICAL OFFICER
OF HEALTH**

JOAN M. ST.V. DAWKINS
M.B., B.S., D.P.H., D.C.H.

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Brixworth 291.

Council Offices,
Brixworth,
Northampton.

To: THE CHAIRMAN AND MEMBERS OF THE
BRIXWORTH RURAL DISTRICT COUNCIL.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my fourteenth Annual Report as Medical Officer of Health, which also incorporates the report of the Chief Public Health Inspector.

The report is presented once again in eight sections, each dealing with a separate aspect of environmental control: the first on natural and social conditions; the second on the provisions of health and welfare services; the third on sanitary circumstances; the fourth on housing; the fifth on food; the sixth on the control of infectious and other diseases; the seventh on the Offices, Shops and Railway Premises Act, 1963, and the eighth on the Factories Act, 1961. In addition, while, increasingly health prevention is becoming a matter of individual concern, a number of general observations are made on trends which could prove inimical to health either, now, or in the future.

The district continues to present an attractive rural countryside with little industry and no atmospheric pollution and, as yet, no large scale developments. The main occupation continues to be agriculture. There is an increase of 50 in population in the Registrar General's mid-year figure, which was exceeded by the end of the year.

The vital statistics for the year show that there were 200 deaths, a decrease of 19 on last year's figure. This gives a standardised rate of 9.2 compared with the national figure of 11.9. Female deaths exceeded male deaths by 2. Details and comments on the causes of death are given in Section A. The total number of live births was 257, a decrease of 4 on last year and giving a standardised rate of 16.7, a higher figure than the national one of 16.3. Illegitimate births were 16, a decrease of 1 on last year's figure of 17. There were 3 infant deaths, which occurred in the first week of life.

There was an increase in infectious diseases notifications from 78 last year to 130 this year. There were 118 cases of measles. Two cases of food poisoning were notified. There were three cases of scarlet fever and two of whooping cough. Infective Jaundice has been locally notifiable in the district since July 1962, and three cases were notified as compared with two last year. This year 10 people died from pneumonia, 10 from bronchitis and none from tuberculosis. It is gratifying to record no deaths from a disease which as short a time ago as fifteen years had not been vanquished.

Sanitary circumstances were maintained throughout the year. Refuse collection was carried out satisfactorily and is reported on in Section C.

Slum clearance continued and by the end of 1969 a total of 506 had been cleared, leaving 21 to be dealt with. Most of these latter houses are owner occupied, and often by the elderly. In these cases it is both merciful and expedient to clear the majority as they become vacant, or improve them by means of improvement grants or by voluntary effort. Progress may appear to be slow, but particularly in relation to elderly persons this method is humane, and also in those villages which lack building land, is more economic. 22 Council bungalows were completed, and private enterprise produced another 103 dwellings, altogether 16 fewer than in 1968, bringing into the district many new young families. In all 1818 houses have been built since the war. Improvement Grants were made on 27 properties, 12 more than the figure for 1968. 31 properties, 54 less than in 1968, received Standard Grants.

The control of food hygiene in the district is maintained at a high standard. The inspection of meat continues to be a hundred per cent. There has been also adequate control of food supplies. The sampling of untreated milk bottled on farms continues to be carried out by the Weights & Measures department of the County Council and Mr. Evans, the County Inspector, provides a helpful service. His co-operation and prompt notification of any failure is much appreciated. While the district has been fortunate during the year in having only two isolated cases of food borne infection, the condition is generally far too prevalent. It is essential that there is constant vigilance in the maintenance of standards in the storage, preparation and sale of all food, and that individuals concerned with this trade should receive proper training and be aware of the potential risk to their customers should they fail to observe the strictest methods of hygiene. The local authority, by constant inspection, exhortation and sampling, makes every effort to prevent food borne infection, but the ultimate responsibility lies with those who handle the food. A lapse by an individual either in food premises or in the home is often the cause of illness. The public themselves, when observing failure in food premises, should refuse to accept unsatisfactory practices. In the home, high standards among families should be a routine matter.

Infectious diseases notification was, apart from measles, low: measles vaccination continued, but owing to shortage of vaccine was not generally available. It is to be hoped that this universal, and often complicated infection, will decline in future years. While the incidence of infection is slight, it is disturbing to note that the numbers receiving immunisation are, in many areas, too few. It is hoped that the use of the computer will have the effect of raising the response to immunisation. Should standards fall infections could re-occur. It remains vitally important for children to be immunised for diphtheria, poliomyelitis, whooping cough, tetanus, smallpox and now measles, with tuberculosis vaccination following later. The introduction of Rubella (German Measles) vaccination may also become universal for girls, as an effective vaccine has now been developed.

Thus, the environmental control of the district has been maintained satisfactorily throughout the year, but while there is a gradual improvement annually, pressures are constant both in maintaining present standards and in dealing with new problems that occur. The national rise in population, if it continues at its present rate, will result in an increase of 20 million by the year 2000, thereby causing problems of great magnitude in the environment. Already some of these are evident in the United States of America. There will inevitably be increasing pollution of the air, sea, land and inland waterways: congestion of the roads resulting in more deaths from accidents: overcrowding of the cities with overspill and congestion of the countryside: a vast problem of refuse and sewage disposal: housing shortage: the need for more institutions, schools, teachers, hospitals and all the allied services: the problem of noise and its effect on mental health, and finally the ultimate result of overpopulation on the whole mental outlook of its people. While it is agreed that population control is a priority in many of the emerging countries, its urgency here has not received the attention it merits. While, at the present time, family planning is, in general, a practice of the more responsible members of the community, we are faced with an inevitable increase of population among the less desirable, who as problem families frequently perpetuate themselves by becoming the progenitors of future problem families. There are in this country 250,000 unwanted children born annually and it is likely that it is from this source that criminality arises. The successful practice of population control has therefore this twofold purpose, which is both quantitative and qualitative.

The year 1969 was notable for proposals for reform in Local Government structure and changes in the National Health Service. In the former, unitary all purpose authorities combining in Northamptonshire both the Borough and the County would take the place of the twenty two district councils of the County and County Borough. The Health Service was to be unified and its tripartite structure to cease, removing the personal preventive health services from the local authority, but leaving the control of environmental services with the unitary authority. Finally the social services, remaining with the local authority, would embrace a number of health functions. This proposed massive reorganisation occupied much thought in the year of this report.

Political changes which have occurred at the time of writing may cause some immediate deferral of these plans. However some reflection on the future of the preventive services and the challenges that have to be faced could be appropriate at this time.

It is now over twenty years since the inception of the National Health Service. From the outset a tripartite structure separating hospital, general practitioner and local authority services was potentially hazardous. The separation of the preventive services from the National Health Service, and the isolation of the medical personnel, allying them with other local government officers rather than their colleagues, has resulted in a steady decline in recruitment. Local Authorities have in some instances also

failed to recognise the potential of their inheritance and while there has been expansion of hospital and general practitioner services there has been some stagnation in the preventive field. Foresight in expenditure on prevention could have resulted in saving on the curative services. However health needs are weighed against all other demands and, in practice, are often the ones to be curtailed in times of economic stringency. It is unfortunate that the results of preventive medicine are without immediate dramatic evidence; are slow, long term, and can only be assessed by the passage of time and often the study of statistics. It is unfortunate too that in the last twenty years the needs of prevention have become more subtle, depending now less on obvious environmental control such as the clearing of slums and prevention of infectious disease than on the individuals response to life in an affluent society.

Finally, I emphasise each year, what are the future challenges. I maintain that there is a need for their constant reiteration. Health education has become, in its modern context, a perpetual battering at the bastions of ignorance, self-indulgence and complacency.

In the assessment of the needs for prevention there are three factors to be considered, first the primary one of preventing disease, which is exemplified by the total prevention of an illness by immunisation, the secondary factor of preventing premature death by means of early detection, modification of living habits, health education and other means, and thirdly the prevention of further deterioration of those who already suffer from chronic illness. Each facet of the field of prevention requires its individual disciplines, and it is necessary to consider the causes of premature death, and those afflictions who by their incidence lessen the quality of life.

The cause of premature death in the younger age groups, that is before the fifth decade (40 years), is now almost entirely from accidents, both in the home (among the youngest) and on the road (in the 1st, 2nd and particularly the 3rd decades). Once again I give some details on this subject on later pages of the report.

Next, in the middle aged, becoming evident now from the fifth decade there is the ever growing toll which is caused as a result of cigarette smoking. It is agreed that this is probably the greatest health challenge facing our society at this time. At least 50,000 deaths a year are contributed to by this habit, not only from cancer of the lung, but from coronary thrombosis, chronic bronchitis and pneumonia. In later pages I give in detail, some of the facts relating to the dangers of cigarette smoking. In the face of this massive challenge our efforts at prevention have, so far, been puny. Expenditure on the promotion of information and the use of all the modern media of communication has been negligible when compared with the cost to the nation of these premature deaths. So often too the premature death occurs in a male in his prime, at the time of his greatest contribution to society and to his family. Constant effort should be directed by all the means that are available towards the education of

young people in an effort to persuade them that cigarette smoking is a foolish habit indulged in by those who are unable to resist the temptation rather than, as it is now so often presented by the cigarette manufacturers, as the smoker bearing an image of maturity and independence. This responsibility lies however not only with the health educators but with those members of the adult population who particularly have contact and influence with young people.

The prevention of early arterial disease resulting in incapacity or death from coronary thrombosis or strokes is more complex and its incidence in all civilised countries, particularly in males, relates more to a way of life than to a single habit such as smoking. However there is evidence that cigarette smoking can also contribute to the incidence of coronary thrombosis. The causes of early arterial disease are probably multiple, and though research is continuing in many fields, there is as yet no breakthrough. In some the condition has an inherited tendency. The one salient factor that has emerged is that occurrence is less likely in those who take regular physical exercise and who are not obese. Farmers and bus conductors suffer less than bus drivers and commercial travellers. It is disturbing to consider that while young people are at school they are physically active but this activity may cease when they leave. They often eat in excess of their needs and start smoking earlier than former generations. The prevention of arterial disease, and the presymptomatic detection in screening of individuals likely to suffer is a challenge to preventive medicine which, at the present time, is not being tackled in Britain. Apart from isolated pockets of individual research there is little other effort and none which is generally directed. A situation may be building up in which the incidence of early arterial disease could assume epidemic proportions.

Much remains also, to be done in the field of chronic illness. The early detection of cancer, of diabetes, the prevention and alleviation of rheumatic diseases in all its manifestations, and finally in tertiary prevention, the needs of those who are the victims of chronic illness, particularly today with the increasing survival of the handicapped and the elderly, will require the organisation and deployment of many services. It is to be hoped that medical research may find the answer to some of these problems, but in the meantime in the organisation of the National Health Service there is an urgent need to assess the priorities in medicine and make the best use of the available resources.

Finally there is the disappointment that in a welfare state, where the relief of poverty and its attendant anxieties have been the primary aim of succeeding governments since the end of the war, there has been no lessening in the occurrence of mental ill health. Instead its incidence, together with those other manifestations of mental instability, such as drug taking, both of hard drugs and sedatives, delinquency, crime, child neglect and cruelty, divorce and a neglect of social obligations, indicate that a materially prosperous society requires also a firm basis of morality to be successful.

In conclusion, I wish to thank the members of the Public Health Department for their excellent work during the year, and for their help in the compilation of this report. In addition I wish to extend my grateful thanks to the Chairman of the Council and the Chairmen and Members of the Public Health and Housing Committees for help and encouragement. I also express my appreciation to the County Medical Officer of Health for his ready co-operation in the supplying of information.

I have the honour to be,

Your obedient Servant,

JOAN M. ST. V. DAWKINS.

Medical Officer of Health.

BRIXWORTH RURAL DISTRICT COUNCIL

MEMBERS OF THE PUBLIC HEALTH COMMITTEE
WHO SERVED DURING THE COURSE OF THE
YEAR

Mr. J.R. Hart (Chairman)	Mr. J.T. Holmes (Deputy Chairman)
Dr. A.E. Thomas, J.P. (Chairman of the Council)	Captain R. Bailey, O.B.E., R.N., (Vice-Chairman of the Council)
Mr. M.R.A. Barritt	Mrs. J.D.R. Lambley
Mr. G.T. Bennett	Mrs. W. Mahon
Mrs. C.M. Borwick	Mr. T.H. Morgan
Mr. A.G. Campion	Mr. T.R. Pegram
Major P. de L. Cazenove, T.D.	Mr. E.A. Turney
Mr. R.H. Dickins	Mr. R. Wallbank
Mrs. P.A. Duff	Mr. W.A. Wells

PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY

Medical Officer of Health:

JOAN M. ST. V. DAWKINS, M.B., B.S., D.P.H., D.C.H.

also holds appointments of

Medical Officer of Health, Brackley and Daventry Borough Councils, Brackley, Daventry, Northampton and Towcester Rural District Councils, Acting Medical Officer to Oundle, Raunds. Rushden Urban, Oundle and Thrapston Rural and Higham Ferrers Urban District Councils, and Senior Assistant Medical Officer Northamptonshire County Council.

Senior Public Health Inspector:

F. A. RUSSELL, F.F.S., M.R.S.H., M.A.P.H.I.

Additional Public Health Inspector:

B. A. CHAPMAN, M.R.S.H., M.A.P.H.I.

Technical Assistant:

S. J. K. HARRIS.

SUMMARY OF VITAL STATISTICS

Area (in acres)	81,536
Population	17,150
Number of separate dwellings	6,034
Rateable Value 1969	£540,140
Product of a Penny Rate	£2,170

	MALE	FEMALE	TOTAL		LOCAL AUTHORITY AREA	ENGLAND & WALES
<u>LIVE BIRTHS</u>				<u>LIVE BIRTH RATES, ETC.</u>		
Total	125	132	257	Livebirths per 1,000 home population (crude rate)	15.00	16.30
Legitimate	118	123	241	Area comparability factor	1.11	1.00
Illegitimate	7	9	16	Local adjusted rate	16.70	16.30
				Ratio of local adjusted rate to national rate	1.02	1.00
				Illegitimate live births as % of all live births	6.00	8.00
<u>STILLBIRTHS</u>				<u>STILLBIRTH RATE</u>		
Total	1	3	4	Stillbirths per 1,000 total live and stillbirths	15.00	13.00
Legitimate	1	3	4			
<u>TOTAL LIVE AND STILLBIRTHS</u>						
Total	126	135	261			
Legitimate	119	126	245			
Illegitimate	7	9	16			
<u>DEATHS OF INFANTS</u>				<u>INFANT MORTALITY RATES</u>		
Under 1 year:				Deaths under 1 year per 1,000 live births	12.00	18.00
Legitimate	3	-	3			
Under 4 weeks:				<u>Neonatal mortality rate</u>		
Legitimate	3	-	3	Deaths under 4 weeks per 1,000 live births	12.00	12.00
Under 1 week:				<u>Early neonatal mortality rate</u>		
Legitimate	3	-	3	Deaths under 1 week per 1,000 total live births	12.00	10.00
<u>DEATHS- ALL AGES</u>				<u>DEATHS RATES, ETC.</u>		
	99	101	200	<u>- ALL AGES</u>		
				Deaths per 1,000 home population (crude rate)	11.70	11.90
				Area comparability Factor	.79	1.00
				Local adjusted rate	9.20	11.90
				Ratio of local adjusted rate to national rate	.78	1.00

TABULATED SUMMARY FOR PREVIOUS YEARS

Year	Estimated Population	<u>Births</u>		<u>Deaths</u>			
		No.	Crude Rate	<u>Under 1 year</u>		<u>All Ages</u>	
				No.	Rate	No.	Crude Rate
1959	19270	283	14.94	3	10.40	214	11.11
1960	19470	310	15.92	2	6.45	229	11.76
1961	18480	274	16.77	8	14.59	229	12.39
1962	18620	296	15.90	2	6.76	229	12.29
1963	18800	288	15.32	3	10.42	209	11.12
1964	18920	307	16.20	6	19.54	247	13.00
1965	17190	270	17.71	8	29.63	220	12.80
1966	16690	234	14.02	2	8.54	212	12.70
1967	16920	271	16.00	1	4.00	185	10.90
1968	17100	261	15.30	3	11.00	219	12.80
1969	17150	257	15.00	3	12.00	200	11.70

SECTION A.

NATURAL AND SOCIAL CONDITIONS

The Rural District is centrally situated in the County of Northamptonshire, extending in the south from the County Borough of Northampton and in the north to the Leicestershire border. The character of the area is largely rural and the main industry is agriculture. A few light industries are scattered throughout the district. Open cast iron workings are present in the vicinity of Pitsford and Brixworth.

The district presents a picture of largely unspoilt rural country, with many woods, set in an undulating countryside enlivened by the stretches of water of the reservoirs, which are a characteristic of the area.

POPULATION: The Registrar General gives the estimated population for the mid-year 1969 as 17,150, an increase of 50 on the population of the previous year. The natural increase in population, the excess of births over deaths was 57.

DEATHS: The total number of deaths assigned to the District for the year was 200, 19 less than in 1968. The crude death rate based on the mid-year population was 11.7 compared with 12.8 in the previous year. The following table has been compiled for comparison with the four previous years:-

<u>YEAR</u>	<u>TOTAL</u>	<u>MALE</u>	<u>FEMALE</u>	<u>RECORDED</u>
1965	220	96	124	12.8
1966	212	93	119	12.7
1967	185	89	96	10.9
1968	219	106	113	12.8
1969	200	99	101	11.7

In order to compare the mortality in the District with the mortality for England and Wales it is necessary to make a correction to allow for the difference in age and sex distribution of the two populations. This is done by applying to the crude death rate of the District an "Area Comparability Factor" which has been estimated by the Registrar General as .79 for this District. In addition the area comparability factors have been adjusted specifically to take account of the presence of any residential Institutions in the area. There are a number of Institutions in this area for old people and this adjustment is therefore very necessary in order to obtain a true picture of the area mortality. The Standardised Death Rate, therefore, is 9.2 and below the figure of 11.9 for England and Wales.

Causes of Death.

The causes of death are shown in the statistical table on page 10, and are classified under the appropriate headings of the 50 listed in the International Statistical Classification of Diseases, Injuries and Causes of Death 1969, as used for England and Wales. This year the Registrar General has listed the Causes of Death in age groups of under 4 weeks, over 4 weeks and under 1 year, over 1 year and under 5 years, and then in decades to 75 and over. Male and female deaths are also shown.

The vital statistics for the year show that there were 200 deaths, 19 less than last year. This gives a standardised rate of 9.2 compared with the national figure of 11.9. Female deaths exceeded male deaths by 2. The great preponderance of deaths from diseases of the heart and circulation is once more evident, making a total of 109 of which 61 died from coronary diseases alone, while 4 died from other heart diseases, a further 31 from vascular lesions of the nervous system, and 13 from hypertension and other circulatory diseases.

Diseases of the heart and circulation constitute therefore over one half of the total deaths. Cancer remains again the second cause of death, taking this year 43 persons, an increase of 11 on last year. 13 died (11 men and 2 women) from cancer of the lung, an increase of 6 on last year. Disease of the heart and circulation together with cancer cause in the district 75% of the total deaths.

However, out of a total of 200 deaths, 50 persons died before the age of 65. The causes of their deaths were predominantly due to arterial diseases, cancer, respiratory infection or accidents.

It is well to reflect each year on these early deaths, and to assess the need for prevention in these groups.

It is probable that cigarette smoking is the greatest contemporary health problem. 50,000 deaths a year can be attributed to the habit. It is responsible for 9 out of 10 deaths from lung cancer, 3 out of 4 deaths from chronic bronchitis and 1 out of 4 deaths from coronary artery disease. It is estimated that twenty times more work days are lost through sickness from smoking than on industrial disputes.

In 1968, it was considered that about 75% of the male population and 41% of the female population smoked. Between 1956-68 the number of female cigarette smokers rose by a million. It is deeply disturbing to note that 42% of 16 year old boys and 30% of girls smoke more than 25 cigarettes per week.

The adverse effects on health of smoking unfortunately only become manifest after many years, and are therefore not obviously connected with the habit. Also in many countries, as the economic benefits from taxing tobacco products are large, governments have hesitated to change legislation, and it is not practicable to impose regulations on an unwilling population. However

it is imperative to take action that will discourage young people from starting to smoke, and may promote reduction or abstinence in smokers. This includes keeping people constantly and fully informed about the health consequences of smoking and pressing for the curtailment of all forms of sales promotion that encourage the use of tobacco.

It has been suggested in a recently published paper* that the most important approaches to combat the health hazards of smoking are as follows:-

1. The education of youth not to take up smoking.
(In this respect all those adults who are associated with and have influence over young people should by the force of their own example discourage them from starting to smoke. These include parents, teachers, youth leaders, sportsmen, actors, pop stars and others whom young people admire and may emulate.)
2. The exerting of the influence of health workers.
(The medical profession have recognised the hazard, and now only a quarter of British male doctors smoke. Their death rate from lung cancer is now only 2/5 of the national figure.)
3. Group approaches to the control of cigarette smoking by adults.
4. Mass approaches to the control of cigarette smoking.
5. Reducing the effectiveness of the advertising and promotion of cigarettes.
6. Less hazardous smoking.

The incidence of early degenerative disease of the arteries, particularly in males, is increasing in all cultivated societies of the world. Its prevention is one of the great challenges of modern medicine. Men in their prime at a time of their major contribution to their community are struck down by coronary thrombosis or strokes. The causes are multiple, and, as stated, cigarette smoking is probably a factor. As well as being part of the process of ageing hereditary factors are involved in some. Women are less affected until after the menopause, indicating a hormonal protection. The only clear evidence is that the incidence is lower in those who take regular physical exercise and who are not obese. This salient feature needs emphasis, as it is easy in a modern industrialised society with the majority occupied in sedentary occupations, the widespread use of motor transport and television, for many to become physically inactive. It is wise to establish a way of life soon after leaving school in which there is regular participation in physical exercise which can be suitably modified to the passing years. This combined with some moderation in the consumption of food, may help to prevent the early onset of arterial disease.

*Smoking and Health by Professor C.M. Fletcher & Dr.D. Horn. W.H.O. Publication.

The yearly toll of injury and death from road accidents mounts steadily. In an overpopulated island with congested roads, and with an anticipated increase of numbers of vehicles annually, it must be expected inevitably that this death rate will not decline. However the majority of deaths (and injuries) occur in males in the age group 19-24. The young male would appear to be the participant and maybe the cause of transgression on the road. It would suggest that there is a field for action in the education of this group in the principles of road safety, which could start at school. In 1969 7383 were killed on the roads as compared with 6810 in 1968.

Deaths from accidents in the home are also continuing at a rate which is far too high, running at over eight thousand, together with injuries of approximately 125,000 receiving hospital treatment and a million and a half with slight injuries. Over three quarters of the fatalities occur in elderly people or in children under 5 years of age.

The statistics for Great Britain in 1967 are given in the chart below:-

Cause of Death	Age-group (years)					Sex		Total Deaths
	0-4	5-14	15-44	45-64	65 & +	Male	Female	
Poisoning	33	13	316	494	624	637	843	1,480
Falls	78	12	75	336	3,906	1,252	3,155	4,407
Burns and scalds	123	45	60	135	428	325	466	791
Suffocation and choking	526	7	71	74	64	421	321	742
Others	114	38	115	89	133	288	201	489
Total	874	115	637	1,128	5,155	2,923	4,986	7,909

Death Rate*	18.8	1.5	3.0	8.5	77.5	11.2	18.1	14.8
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*Deaths per 100,000 population

The following notes have been published in the Home Safety Journal (a publication of R.O.S.P.A.) in July 1970, and are acknowledged with thanks.

Comparative Figures for 5 Years 1963-1967

The annual figures of home accident fatalities in Great Britain for the five years 1963-67, analysed according to cause, are given in the following table:-

Cause of Death	1963	1964	1965	1966	1967
Poisoning	2,124	1,782	1,697	1,719	1,480
Falls	4,830	4,641	4,538	4,660	4,407
Burns and scalds	1,053	886	872	951	791
Suffocation and Choking	792	896	900	812	742
Others	495	441	480	441	489
Total	9,299	8,646	8,487	8,583	7,909

Home Accidents - Cause of Death

Falls:

56% of total deaths - in one year (1967) (4,407 cases)
89% of victims were aged 65 or over
60% were falls on one level, tripping, slipping, stumbling
25% were falls from one level to another

Common causes of falls on one level are - slipping on wet floors or polished floors with or without loose rugs; tripping over obstacles or catching toes in floor coverings in poor repair; slipping on spilt grease; slipping in the bath.

Common causes of falls from one level to another are - lack of handrails or unsteady banisters causing falls downstairs; poor lighting on stairways; chairs used instead of household steps. Other falls of this nature include falls out of bed, out of prams and highchairs.

Physical causes include poor sight; undue haste; illnesses causing heart or chest troubles; stiff limbs; dizziness caused by reaching up or down unduly in elderly people.

Prevention: Risk of falls can be reduced by maintaining floor surfaces in good repair; wiping up spilt water or grease immediately; being tidy about the house; having safety rails by the bath; wearing shoes in good repair. Household steps should always be used to reach high shelves, etc., window safety catches should be used to control opening for the protection of young children and elderly people. Beds should not be too high; or chairs too low for easy use; extra handrails on the wall side of the stairs are helpful. Safety harness should be used in prams and highchairs.

Poisoning:

19% of all fatal home accidents in 1 year (1967)

43% of poisoning accidents involved household gas (642 cases)

57% involved drugs, chemicals and all other causes of poisoning (775 cases).

Common causes of gas poisoning are absentmindedness in leaving gas on, or partly lighted, lack of ventilation, using wrong (rubber) connecting tubing for appliances; bad installation or repair. The human factor, carelessness is most often the basic cause.

Other forms of poisoning include overdoses of medicines: leaving medicines within reach of children: failure to use medicine cupboard: not checking dosage; taking internally lotions, rubs, etc., designed only for external use; children eating cosmetics.

Domestic Chemicals such as bleach, disinfectant, detergent, pesticides, paint strippers, antifreeze, petrol, paraffin and other fluids cause accidents to children, often causing internal injury.

Prevention: To prevent gas poisoning have any suspected leak inspected and serviced by the Gas Board; form the habit of checking that burners are alight; keep adequate ventilation to ensure a change of air, never use rubber connecting tubing; see that gas geyser flues are clear of obstruction; tighten loose gas taps that can be accidentally knocked on.

To prevent medicinal poisoning - keep all medicines in a proper medicine cupboard (to British Standard Specification); check dosage every time; use the 5ml. spoon for liquid medicines; get rid of surplus medicines by flushing down the lavatory; keep medicines out of the reach of children; label all containers clearly; if in doubt destroy.

To prevent poisoning from chemicals - avoid transferring to other containers, especially those previously used for food or drink: label clearly; store out of the reach of children, especially in garage, shed or greenhouse; observe manufacturers' warnings and instructions.

Burns & Scalds:

10% of all fatal home accidents in 1 year (1967) were burns and scalds (791 cases).

Deaths are caused by - falling into unguarded fires; clothing catching alight; burns due to houses catching fire. Conflagrations are due to chimney fires. overturning oil heaters, careless use of smoking materials and electrical faults. Faulty electric blankets can cause burns and asphyxia. Scalding accidents are due to hot liquids - overturning kettles and saucepans, bath water, washing and washing-up water, hot starch, and bursting hot-water bottles.

Prevention: To prevent burning accidents all coal fires should have fixed guards (to British Standards 2788 or 3140); gas, electric and oil fires should have integral guards. Winter clothing should be made of pure wool (slow burning), brushed nylon, or proofed cotton.

Clothing should never be aired near unguarded fires of any kind. Care should be taken when using flammable solvents for dry cleaning, or flammable adhesives for fixing tiles, etc., in the house. Paraffin and petrol should be stored in metal cans, and oil heaters filled, if possible outside the house. Polythene-type storage containers are increasingly popular and safe - metal cans can rust and therefore leak.

To prevent scalding accidents fill hot-water bottles carefully, using a thick protective cover; keep panhandles and kettle spouts away from the front of the cooker; keep toddlers out of the kitchen when doing laundry, washing up, cooking and dishing up are in progress; turn tablecloths under to prevent toddlers pulling hot liquids off the table. When using water for bathing and washing always run cold water before hot.

Suffocation and Choking

These accidents account for over 9% of all fatal home accidents. In one year (1967) there were 742 deaths. Two thirds of these were by inhalation and ingestion of food, the rest from suffocation in cots and cradles. Children under 5 years accounted for 71% of all cases of suffocation and choking.

Prevention: To prevent suffocation and choking never 'prop-feed' infants; ensure adequate rubbing of the baby's back to bring up wind before putting down to sleep. Keep talcum powder (which can clog the lungs) away from babies, and if a sponge is used for washing see that it is too large and firm to be put in baby's mouth. Keep plastic bags out of the reach of children; never use a pillow for a baby under twelve months old, remove bibs before putting a baby down to sleep, and use a net to prevent pets getting into cots or prams.

Other Risks

In one year (1967) 489 people died from other accidental causes: these included 75 drowning fatalities in baths, garden ponds, etc.; 27 from accidents with firearms; 70 from electrocution and 20 from foreign bodies in orifice.

Electrical Accidents

Due to amateur installations and repairs, faulty flex and plugs, misuse of domestic appliances, unearthed plugs, open sockets where there are children, also unguarded electric fires, touching electrical appliances with wet hands. Taking electrical apparatus into the bathroom, filling electric kettles without first disconnecting are also dangerous practices.

The Human Factor in Accidents

Every home accident involves a clash between a human being and something in the home environment, in which the human being sustains injury. Accidents are more likely to happen when people are ill, emotionally upset, depressed, or under physical strain.

Bodily conditions which may cause risk are poor sight, failure of the sense of smell, tendency to dizziness; weakened muscles, epilepsy, arthritic heart conditions, the lack of co-ordination of toddlers, slowing down of reaction in old age.

M O R T A L I T Y T A B L E

<u>Causes of Death</u>		<u>Male</u>	<u>Female</u>	<u>Total</u>
1.	Malignant Neoplasm - stomach	4	4	8
2.	Malignant Neoplasm - intestine	5	1	6
3.	Malignant Neoplasm - lung, bronchus	11	2	13
4.	Malignant Neoplasm - breast	-	3	3
5.	Malignant Neoplasm - uterus	-	1	1
6.	Other malignant neoplasms	6	6	12
7.	Benign and unspecified neoplasms	1	-	1
8.	Diabetes Mellitus	1	-	1
9.	Other endocrine etc. diseases	-	2	2
10.	Chronic Rheumatic heart disease	-	2	2
11.	Hypertensive disease	2	1	3
12.	Ischaemic heart disease	25	36	61
13.	Other forms of heart disease	2	2	4
14.	Cerebrovascular disease	12	19	31
15.	Other diseases of circulatory system	4	6	10
16.	Influenza	1	-	1
17.	Pneumonia	7	3	10
18.	Bronchitis and emphysema	7	3	10
19.	Other diseases of respiratory system	1	2	3
20.	Peptic Ulcer	1	-	1
21.	Other diseases of digestive system	-	1	1
22.	Other diseases. genito-urinary system	-	1	1
23.	Congenital anomalies	3	1	4
24.	Other causes of perinatal mortality	1	-	1
25.	Symptoms and ill defined conditions	1	1	2
26.	Motor vehicle accidents	1	-	1
27.	All other accidents	1	3	4
28.	Suicide and self-inflicted injuries	-	1	1
29.	All other external causes	2	-	2
		<u>99</u>	<u>101</u>	<u>200</u>

Associated Mortality Statistics :-

	<u>Male</u>	<u>Female</u>	<u>Total</u>
STILLBIRTHS	1	3	4
DEATHS of infants under 1 year	3	-	3
DEATHS of infants under 4 weeks (included in previous figure)	3	-	3

BIRTHS The number of live births was 257 compared with 261 in 1968. The rate per thousand population was 15.0. Applying the Registrar General's Area Comparability Factor for births (1.11) to this figure the Standardised Birth Rate obtained for this district remains the same as the Crude Rate - 15.0 compared with 16.3 for England and Wales.

STILL BIRTHS There were three still births during 1969. The rates for the past five years are given in the following table per 1,000 live and still births.

<u>STILL BIRTH RATE</u>				
<u>1965</u>	<u>1966</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>
14.6	8.47	Nil	4.0	15.0

ILLEGITIMATE BIRTHS There were 16 illegitimate births assigned to the district during the year (7 males and 9 females), 1 less than last year. Shown as a proportion of the total number of live births this represents 6.0 per cent.

MATERNAL MORTALITY No deaths associated with pregnancy or childbirth were recorded during the year.

INFANT MORTALITY Three infants died before reaching their first birthday, two more than in 1968. The resultant rate is 12.0 and is less than 18.0 the figure for England and Wales.

DEATH RATE UNDER ONE YEAR PER 1,000 LIVE BIRTHS

<u>1965</u>	<u>1966</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>
29.54	8.54	4.0	11.0	12.0

NEONATAL DEATH RATE Three male infants failed to survive for four weeks after birth. This gives a rate per 1,000 live births of 12.0 or 1.16 per cent. This corresponds with the rate of 12.0 for England and Wales.

The Registrar General gives a further sub-division, in his returns this year, of deaths of infants under one week of age. There were three deaths of male infants in this group.

These deaths are included in both the Infant Mortality and Neonatal Death Rates.

TABLE OF CAUSES OF INFANT DEATHS

	<u>Under 1 week</u>
Congenital abnormalities	2
Congenital heart disease	1

SECTION B

GENERAL PROVISION OF HEALTH AND WELFARE SERVICES

LABORATORY SERVICE Laboratory work in connection with the diagnosis and control of infectious diseases is carried out at the Emergency Public Health Laboratory in Northampton under Dr. Hoyle, and is free of cost to the Local Authority. An efficient and helpful service is always provided, and we thank Dr. Hoyle for his constant co-operation.

INFANT WELFARE CENTRES The following centres are held at the places and dates indicated.

BRIXWORTH INFANT WELFARE -

3rd Friday each month at Village Hall.

WELFORD INFANT WELFARE -

4th Thursday each month at Village Hall.

BOUGHTON INFANT WELFARE -

2nd Wednesday each month (ferry service to Mobile Clinic stationed at Pitsford).

MOULTON INFANT WELFARE -

1st and 3rd Tuesday of each month at Manfield Hall.

SPRATTON INFANT WELFARE -

3rd Tuesday each month at Village Institute.

The Mobile Caravan Clinic which was instituted to supply services to those villages who were without access to existing Clinics, now operates at Ravensthorpe, East Haddon, Little and Great Brington, Holcot, Walgrave, Old, Hannington, Overstone, Pitsford and Harlestone.

AMBULANCE SERVICE General medical and surgical cases are removed by the County Ambulance Service, under the control of the County Council. Infectious diseases cases are also removed under the same arrangements.

NURSING IN THE HOME The services of District Nurses, Mid-wives and Health Visitors are provided by the County Council, and the area is well covered. The Home Help Service is also provided by the County Council. This is a very necessary service, and affords considerable benefit to the community both for domiciliary maternity cases and particularly in this area in the care of old people, who can remain comfortably at home and who, without this help, would be in Institutions.

GENERAL HOSPITAL ACCOMMODATION. The Oxford Regional Hospital Board is responsible for the provision of hospitals and out patient clinics.

All medical, surgical and paediatric and gynaecological cases are treated at Northampton General Hospital.

Maternity cases are treated at the Barratt Hospital, which forms part of the General Hospital.

Accident and orthopaedic cases are treated at the General Hospital, and the latter also at the Manfield Hospital, Northampton.

The Geriatric Units for old ladies are situated at Pitsford within this district.

ISOLATION HOSPITAL. Cases of infectious disease which require isolation are treated at the Harborough Road Isolation Hospital, Northampton, which comes under the administration of the Oxford Regional Hospital Board. Cases of tuberculosis are treated at Creton Hospital.

WELFARE OF OLD PEOPLE. National Assistance Act, 1948. Section 47 and National Assistance (Amendment) Act, 1951.

Under this section the Council is responsible for the removal to suitable premises of persons needing care and attention. No action was necessary under this Act, this year, though a number of old people were kept under supervision, and arrangements made for them to enter Institutions, or to be looked after by other means. We are fortunate in this district in having two comfortable country houses at Pitsford as hospitals for old ladies. We have no accommodation in the district for males who have either to go to St. Edmunds Hospital, Northampton, or to Danetre Hospital, Daventry.

SERVICES FOR OLD PEOPLE.

The following provide services for old people:-

1. The National Health Service

- (a) General Practitioner Service.
- (b) Hospital and Specialist Services including the Almoner Service.
In this district there are two geriatric hospitals for old ladies at Pitsford.

2. The County Council.

(a) The Health Department

- 1. District Nurses.
- 2. Health Visitors.
- 3. Home Helps.
- 4. Chiropody Service.
- 5. Certain home equipment.

(b) The Welfare Department

1. Part III accommodation and homes. There are none in this District.
2. Special services for blind etc. and home fittings.

3. The Department of Health & Social Security

Financial help.

4. The District Council

Homes for the aged, flats and in some cases flatlets with warden supervision.

5. Voluntary Organisations.

These are many and services vary in different areas. They include holiday schemes in which old people are taken on seaside holidays in off season times. The Darby and Joan Clubs, "Meals on Wheels" Service, and Home Visiting. The Womens Voluntary Service very often undertake many of the above duties, while in other areas local voluntary Committees run the various organisations. The Rural Communities Council together with the Old Peoples Welfare Committee provide co-operation between the various services.

Your Medical Officer of Health having a special interest in the welfare of the aged by virtue of her appointment both to the District and the County Council and by her relationship with other Medical colleagues endeavours to fulfil the function of co-operation and co-ordination between these many agencies. Some cases of breakdown may be prevented by early application of these services.

Everyone is aware of the growing number of elderly people in the community. At present in England and Wales there are $5\frac{3}{4}$ million people aged 65 or more; within the next decade the total will rise to 7 million and by the year 2001 to nearly $7\frac{3}{4}$ million. This growth is a direct result of the rising number of births during the late Victorian and Edwardian times, the saving of life from the improved standard of living and the successful control and treatment of infectious diseases. Most elderly people are well able to look after themselves but many cannot. The social aspect alone is a whole complex of different problems. The age of retirement is generally fixed but there is little preparation for the years of retirement. There is the question of accommodation, in separate dwellings adapted for their needs, with their families or in residential homes. Loneliness is far too common among elderly people. Underlying these questions is the need for an adequate income. The major physical disabilities of old age, bronchitis, arthritis, strokes and heart disease are well known and need special medical and nursing care, but what is more common is increasing frailty as well as the mental difficulties of old age.

The community provides certain services, but many elderly people fail to avail themselves to these or even know to whom to turn for information. The solution of caring for them has yet to be found. This is a task which falls on us all, the elderly people themselves, their families, their neighbours, voluntary and many professional workers.

6. Darby and Joan Clubs

The facilities provided by these organisations are very much appreciated by the elderly members of the communities which they serve. There are seven Darby and Joan Clubs in the District, all of which provide very full programmes of activities for their members. Such activities normally include excursions to places of interest, Concert Parties, Bingo, Whist and Beetle Drives. Several Clubs arrange chiropody treatment for their members, and also obtain certain commodities at concessionary prices for sale at their meetings. Details regarding Clubs in the Council's area are given below:-

Evergreen Club, Brixworth

Secretary: Mrs. F.G. Lea.

Meetings: Weekly on Thursday afternoons at the Parish Hall.

Spencer Club, Chapel Brampton

Secretary: Mrs. E.E. Wagstaff.

Meetings: Monthly at the Spencer Arms (dates subject to variance).

Darby and Joan Club, Moulton

Secretary: Mr. A Chappell

Meetings: Alternate Wednesday evenings at the Manfield Hall.

Evergreen Club, Sibbertoft

Secretary: Mrs. D.K. Skinner

Meetings: Fortnightly on Thursday afternoons at the Reading Room.

Evergreen Club, Spratton

Secretary: Mrs. W.H. Girling

Meetings: Monthly on afternoon of first Tuesday at the Women's Institute Hall.

Darby and Joan Club, Walgrave

Secretary: Mrs. E. Lewis

Meetings: Weekly on Tuesday afternoons at the Church Rooms.

Welcome Club, Welford

Secretary: Mrs. G. Vaughan

Meetings: Monthly on afternoon of first Thursday at the Village Hall.

SECTION C

SANITARY CIRCUMSTANCES OF THE DISTRICT

WATER SUPPLIES

All responsibility for water undertakings throughout the entire Rural District is now vested in the Mid-Northamptonshire Water Board. The source of supply for the Board is Pitsford Reservoir which has a capacity of about 4,000 million gallons. Treatment of water consists of softening, filtration and finally chlorination. There is no plumbo solvency.

The following figures are supplied by the Mid-Northamptonshire Water Board:-

Bacteriological samples taken in Brixworth Rural District.	60
Chemical analyses at Treatment Works	18
Bacteriological samples taken at Treatment Works	263

Unfortunately no figures are readily available for the number of houses supplied (a) direct from the mains, and (b) by stand-pipes.

PRIVATE SUPPLIES

Six samples were taken during the year.

SEWERAGE AND SEWAGE DISPOSAL

The scheme for Arthingworth and Kelmarsh has now been approved by the Minister of Housing and Local Government and will be put in hand very shortly. The schemes for Brington, Marston Trussell and Tecton are however still awaiting Ministerial approval, which is dependant upon the relaxation of the present severe economic restrictions.

DISINFECTION

Concurrent and terminal disinfection by means of gaseous liquid disinfectants is carried out in houses where certain infectious diseases are notified. No requests for disinfection of premises were received during the year.

DISINFESTATION

This service, which includes the eradication of bed bugs, is carried out on behalf of the Council at the request of owners or tenants of houses complaining of the presence of vermin. No action was necessary during 1969.

PREVENTION OF DAMAGE BY PESTS ACT, 1949

Though 50 notifications of rodent infestations were dealt with during the period under review, no major infestations were found.

The Council's Refuse Tips were treated regularly throughout the year.

During the year a campaign for rat control was initiated by the Ministry of Agriculture, Fisheries and Food Pests Division concurrently in the three counties of Northamptonshire, Leicestershire and Rutland. Following a meeting held at Kettering in April a Rat Steering Committee was set-up, on which your medical officer served as a member, consisting of representatives of the Ministry of Agriculture, the Local Authorities and the National Farmers Union. Later members of many other authorities including rivers, waterways, waterboards, rail, electricity, county landowners association and the forestry commission were invited to co-operate. The date of November 24th was selected for wholesale baiting to begin. In the interim local meetings and demonstrations were then held in all the Local Authority areas throughout the year, and a wide publicity campaign was mounted. This included press reports, advertisements, posters, demonstrations and reports and discussions on radio and television. These local meetings were at selected premises where talks were given, practical measures to control and destroy rats and mice were shown at farm premises together with a film demonstrating the damage to health, property and foodstuffs caused by rat and mice infestations. There was some co-operation from the farmers but the numbers attending were not high.

The scheme came into operation as arranged on November 24th and considerable success was achieved, but the need for efforts to be maintained continuously cannot be over-emphasised; to keep continually on the alert for any sign of the presence of rats and to institute immediate action before they get established and start breeding. The establishment of permanent baiting points is essential. These should be so placed that domestic animals cannot gain access and need constant inspection and replenishment.

MOVABLE DWELLINGS - PUBLIC HEALTH ACT, 1936. SECTION 26, AND THE CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960

Five licences were granted by the Council during the year.

REFUSE COLLECTION AND DISPOSAL

Following the introduction of the Civic Amenities Act, 1967, the Council have been obliged to make arrangements for the removal and disposal of motor vehicles which are abandoned within the District. During the year two vehicles were found abandoned and arrangements were made for these to be removed and disposed of by private Contractors.

The Paper sack system of refuse collection continued to operate successfully throughout the District.

SECTION D

HOUSING

Housing Act, 1957

No. of permanent dwellings in area	6034
Estimated number of houses unfit for human habitation according to Sec. 16 of the Act and suitable for action under Sections 17 and 42 of the Housing Act, 1957.	185
No. of houses for inclusion in Clearance Areas	101
No. of houses already covered by Clearance Orders	3
No of houses for individual demolition	81

It is of interest to note that, for the purposes of the report, the total number of unfit houses revealed by the original survey, plus subsequent additions is 1050 but by the time the report had been prepared 373 of these had been sufficiently improved to merit upgrading whilst a further 489 had been demolished.

The usual work of the Council under the Housing and Public Health Acts continued, and the details are set out in tabular form below and on page 45.

Housing Act, 1957. Section 17

1. No. of unfit houses represented	14
2. No. of Demolition Orders made	5
3. No. of Closing Orders made	2
4. No. of houses demolished	14
5. No. of persons affected	-

Housing Act, 1957. Section 42

1. No. of Clearance Orders made	Nil
2. No. of houses included in Area	Nil
3. No. of houses demolished	Nil
4. No. of persons affected	Nil

Other associated housing statistics

1. No. of undertakings received	5
2. No. of unfit houses upgraded	12

From these details it will be observed that the total number of unfit houses throughout the district declined by 26 during the year, either through improvements or demolition, whilst 5 houses came under control by means of an undertaking from the owner not to re-let after vacation until made fit for human habitation.

Whilst these figures show good progress in slum clearance during the year under review, it should be remembered that the slum clearance problem in the Brixworth Rural District had largely been dealt with by the end of 1960. A survey of the position at the end of the year 1969 is appended below, and shows the position in better perspective, with only 21 houses remaining to be dealt with. This is a very satisfactory position with regard to which the District Council are to be congratulated.

No. the subject of Undertakings	147
No. dealt with by Demolition Order, Clearance Order or Closing Order	506
No. repaired by owners and upgraded	373
No. remaining to be dealt with	21

Private owners continue to take advantage, encouraged by the Council, of the financial aid available for improving their properties. The position to date is summarised as follows:-

480 properties have been brought up to modern standards by the provision of Discretionary Grants amounting in total to £128,488 and improvements to a further 303 dwellings have been aided by the provision of Standard Grants totalling £36,364.

HOUSING ACT, 1969

Housing Re-Survey

Of the 1,223 dwellings found during the re-survey to be lacking amenities 242 had by the end of the year been provided with the amenities required, and 364 had become the subject of Undertakings from the owner not to re-let until the specified amenities are installed.

SECTION E

INSPECTION AND SUPERVISION OF FOOD

FOOD AND DRUGS ACT, 1955. CLEAN FOOD

DAIRIES There are three registered dairies in the District, and during the year a satisfactory standard of cleanliness was maintained therein.

Regular milk sampling of untreated milk is carried out by the Weights and Measures department of the County Council, who have kindly agreed to co-operate with public health departments in the county. Results of any test which is not satisfactory are immediately reported and suitable action is taken. This service has been of great assistance, and our thanks for this helpful service are accorded to the Weights and Measures department. It is particularly useful in relation to Brucella infection.

FOOD PREMISES There are 124 food premises in the District, the total number being made up as follows - 63 shops, 3 cafes, 13 butchers shops, 3 bakeries and 42 public houses.

CONDEMNED FOOD Condemned food is disposed of in one of two ways, i.e. tinned food is buried at one of the Council's refuse tips, and unsound meat is sent to the Pytchley Hunt Kennels.

ICE CREAM Most retailers are still selling pre-packed varieties only, but it is now possible to register premises for the sale of both completely wrapped and partly wrapped products.

FOOD HYGIENE (GENERAL) REGULATIONS, 1960

137 visits were paid to food premises during the course of the year, some of which were made in connection with the Offices, Shops and Railway Premises Act.

Contraventions of the Food Hygiene Regulations were noted in one of the premises visited and these were quickly rectified by the trader concerned.

Samples taken in Brixworth Rural District
in the 12 months ending 31st March, 1970

		Brought forward:	81
Milk	49	Lettuce	1
Antibiotic Milks	4	Meat & Fish products	28
Butter	2	Milk products	1
Cakes, etc.	10	Preserves	3
Cheese	1	Soft drinks	1
Coffee, etc.	3	Soups	1
Dried fruits	2	Spirits	29
Flavourings, etc.	3	Tinned fruit and	
Glace cherries	1	vegetables	5
Health foods	2	Vinegar	1
Ice cream	2	Water	1
Lard, etc.	2		
	<hr/>		
Carried forward:	81	TOTAL	<hr/> <hr/> 152

REMARKS

It is pleasing to be able to report that none of the samples which were obtained in the Rural District during the year were reported to be unsatisfactory by the Public Analyst.

Four samples of pasteurised milk and 22 samples of untreated milk were submitted to the Public Health Laboratory and were subjected to appropriate tests.

The samples of processed milk were found to have been pasteurised satisfactorily, but two samples of untreated milk were reported to have reacted in a positive manner to the brucella ring test. Both these samples were taken from one farm and the farmer was advised of the results and subsequently disposed of the dairy cows which provided the unsatisfactory samples.

Four samples of untreated milk failed the methylene blue test for keeping quality and in each case the retailer was advised so that storage of milk could be improved where this was possible. Repeat samples were taken and found to be satisfactory.

WEIGHTS AND MEASURES ACT, 1963

Of the 4,513 articles which were checked for weight or measure during the year, only 47 were found to be deficient.

A warning letter was sent to the suppliers of fish to a school kitchen after a delivery of 34 lbs. had been found to be almost one pound deficient.

Following the receipt of a complaint from a member of the public, test purchases of paraffin were made from a shop in the Rural District and it was found that deficiency in measure amounting to 10.6 per cent and 13 per cent was delivered. The retailers concerned were prosecuted and a fine of £8 was imposed by the Magistrates.

Other errors found were generally of a minor nature and no action was required other than advice or warning.

SLAUGHTERHOUSES

The standards prescribed in the Slaughterhouses (Hygiene) Regulations 1958 and the Slaughter of Animals (Prevention of Cruelty) Regulations 1958 continue to be maintained at the two licensed slaughterhouses in the District.

MEAT INSPECTION

Inspection of meat was maintained at 100% and findings are recorded below in a table based on that suggested by the Ministry of Health

Carcases and Offal inspected and condemned in whole or in part

	Cattle	Calves	Sheep and Lambs	Pigs
Number Killed (if known)	200	1	915	Nil
Number inspected	200	1	915	Nil
<u>All diseases except Tuberculosis and Cysticerci</u>				
Whole carcasses condemned	Nil	Nil	Nil	Nil
Carcasses of which some part or organ was condemned	37	Nil	5	Nil
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	18.5	Nil	0.55	Nil
<u>Tuberculosis only</u>				
Whole carcasses condemned	Nil	Nil	Nil	Nil
Carcasses of which some part or organ was condemned	Nil	Nil	Nil	Nil
Percentage of the number inspected affected with tuberculosis	Nil	Nil	Nil	Nil
<u>Cysticercosis</u>				
Carcasses of which some part or organ was condemned	1	Nil	Nil	Nil
Carcasses submitted to treatment by refrigeration	1	Nil	Nil	Nil
Generalised and totally condemned	Nil	Nil	Nil	Nil

POULTRY INSPECTION

Routine inspection of poultry is not carried out as there are no processing establishments in the District.

UN SOUND FOOD SURRENDERED OR CONDEMNED

	<u>Tons</u>	<u>Cwts.</u>	<u>lbs.</u>
1. Meat at slaughterhouses	-	4	82
2. Meat at wholesale premises	-	-	-
3. Meat at retail shops	-	-	-
4. Cooked meat and meat products	-	-	-
5. Canned meats	-	-	-
6. Other canned foods	-	-	91
7. Fish	-	-	-
8. Fruit and vegetables	-	-	-
9. Other foods	-	1	84
Total:	-	7	33

SECTION F

PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

Health Services and Public Health Act, 1968 Public Health (Infectious Diseases) Regulations Notification of food poisoning and infectious diseases

All provisions governing the notification of infectious disease and food poisoning are in Sections 47 to 49 of the Health Services and Public Health Act 1968 and the Public Health (Infectious Diseases) Regulations 1968.

The infectious diseases to be notified to the medical officer of health are:-

Acute encephalitis	Opthalmia neonatorum
Acute meningitis	Paratyphoid Fever
Acute poliomyelitis	Plague
Anthrax	Relapsing fever
Cholera	Scarlet fever
Diphtheria	Smallpox
Dysentery	Tetanus
(amoebic or bacillary)	Tuberculosis
Infective jaundice	Typhoid Fever
Leprosy	Typhus
Leptospirosis	Whooping cough
Malaria	Yellow fever
Measles	

Since 1968 notification of the diseases listed below is no longer required:-

Acute influenzal pneumonia	Erysipelas
Acute primary pneumonia	Membranous croup
Acute rheumatism	Puerperal pyrexia

Responsibility for notifying a case or suspected case of food poisoning or infectious disease rests exclusively on the medical practitioner attending the patient unless he believes that another practitioner has already notified the case.

There was an increase in the notification of infectious disease from 78 last year to 130 this year. The incidence of measles was higher than last year having exhibited its usual biennial incidence.

MEASLES 118 cases were notified. This highly infective illness from which few individuals escape has its incidence almost exclusively in childhood. It usually follows a biennial incidence with a rise in alternate years. The course of the illness is almost invariably benign, but complications which include otitis media, pneumonia, eye infection and

very occasionally encephalitis do occur, and the illness itself is often unpleasant. Complications can be effectively dealt with by the many antibiotics which are now available, but these drugs themselves are not without side effects, are expensive and involve medical supervision. An effective measles vaccine has now been developed, and this became available for use in 1968. It is anticipated that in future years measles in common with poliomyelitis and diphtheria may be virtually eradicated.

SCARLET FEVER 3 cases were notified. This disease continues in its mild phase. Its principle interest is that it gives a rough indication of the amount of streptococcal infection in the community.

WHOOPING COUGH 2 cases were notified. This is another condition which is becoming largely more benign, but in some cases this can be distressing, and in infancy a serious illness. Protection to this disease is often by triple vaccination, together with tetanus and diphtheria, and the low incidence in the District may be ascribed to their immunisation.

DYSENTERY No cases were notified.

POLIOMYELITIS Once again there have been no cases, and this freedom can be ascribed to immunisation as the decline in incidence has occurred concurrently with vaccination. The oral Sabin vaccine is now used which gives a longer lasting immunity than the Salk or injected variety. A drink of syrup or a lump of sugar is also much more acceptable to the young patients than the previous needle prick.

DIPHTHERIA There have been no cases of diphtheria in Northamptonshire since 1956. There is therefore with each successive year of freedom from infection a diminishing public recollection of the dangers of this infection. Mothers without knowledge of the disease feel a false security and may fail to have their children immunised. That this is a dangerous situation cannot be too strongly stressed, and only by keeping up the numbers of children immunised may the disease be kept in check. It is the duty of all parents to have their children immunised, and if they fail to do so they neglect their children's welfare.

PNEUMONIA No cases were notified though there were 10 deaths. Respiratory infection generally continues to be a cause of much ill health and chronic suffering. A very marked decline in deaths from pneumonia has taken place since the discovery of the sulphonamides and antibiotics, however, in chronic sufferers from bronchitis and in the aged and debilitated, some cases do still prove fatal.

There were also 10 deaths from bronchitis, and 3 from other diseases of the respiratory system.

The incidence of chronic nasal catarrh often with the later development of sinusitis is still an all too common occurrence. Many school children still suffer from nasal catarrh. The cause is obscure and the need for research into this problem still continues to be stressed.

MENINGITIS No cases occurred.

SMALLPOX There were no cases. The vaccination of children is still necessary and should be carried out sometime during the first two years of life, preferably between the first and second year.

INFECTIVE JAUNDICE The Minister of Health gave sanction that this disease should be made locally notifiable as from 1st July, 1962, for three years. This period was then extended by the Ministry for a further three years. By arrangement with other District Councils this also became operative in the County of Northamptonshire. 3 cases were notified during the year. Under the Health Services and Public Health Act, 1968, this disease has now become nationally notifiable since 1st October, 1968.

Acute Infectious Hepatitis* is a disease caused by a virus, which attacks the liver and causes jaundice. It is mainly an infection of young people of faecal-spread, and with an incubation period of 15-50 days. The incriminative routes of infection are from food handlers, water, and children to their mothers. The virus is present in faeces 16 days before jaundice and up to 8 days after. Serum Hepatitis, which is another form of infective hepatitis, has a longer incubation period of 50-160 days and affects mainly adults and can be spread by blood transfusion and inefficiently sterilised equipment used by doctors, dentists, nurses and drug addicts, and in the various tattooing processes. The clinical groups of these two types of hepatitis are indistinguishable. There is no specific treatment and a jaundiced adult would be away from work from six weeks to two months, and sometimes might not feel really fit for a year. Quarantine measures are of little value, and patients can be treated at home or in hospital, provided adequate hand washing techniques are practised, with current disinfection of excreta. Serum hepatitis can be virtually abolished, if disposable equipment was generally introduced. In the County disposable equipment is used by the County Health Department for all procedures involving immunisation. Gamma Globulin is of value for the protection of close contacts and pregnant women during epidemics.

*Original name for Infective Jaundice.

FOOD POISONING 2 cases were notified.

OPHTHALMIA NEONATORUM No cases were notified.

VACCINATION AND IMMUNISATION

Children are offered immunisation to the following diseases - Diphtheria, Whooping Cough, Tetanus, Poliomyelitis, Smallpox and Measles in the earlier years. These procedures are carried out by General Practitioners or by the County Council at their Child Welfare Clinics which are held in this District at the centres detailed on page 22.

In addition, the County Council provides a mobile caravan clinic which visits many villages of the area which were not formerly accessible to welfare clinics. The following villages are visited:-

East Haddon, Hannington, Harlestone, Holcot, Little and Great Brington. Old, Pitsford, Overstone, Ravensthorpe and Walgrave.

Figures are not available this year of the numbers immunised in the District. The County Council will include these in their statistics for the year.

TUBERCULOSIS

No action was found to be necessary under the Public Health (Prevention of Tuberculosis) Regulations, 1925, in connection with persons suffering from pulmonary tuberculosis employed in the milk trade, or under Section 172 of The Public Health Act, 1936, which deals with the compulsory removal to hospital of persons suffering from tuberculosis.

Vaccination against tuberculosis is offered by the County Council to all children at 13 years of age. This is carried out in the schools and there is a high acceptance rate.

Notification of the following cases of infectious disease was received during the year.

Disease	Male	Female	Total	Rate Per 1,000 population
Scarlet Fever	1	2	3	.17
Whooping Cough	2	-	2	.11
Measles	61	57	118	6.88
Food Poisoning	2	-	2	.11
Infective Jaundice	-	3	3	.17
Tuberculosis	-	2	2	.11
	66	64	130	

T U B E R C U L O S I S

AGE AND SEX DISTRIBUTION OF NEW CASES AND DEATHS, 1969

Age Groups	<u>New Cases</u>				<u>Deaths</u>			
	Pulmonary		Other		Pulmonary		Other	
	M	F	M	F	M	F	M	F
0 -	-	-	-	-	-	-	-	-
1 -	-	-	-	-	-	-	-	-
5 -	-	-	-	-	-	-	-	-
15 -	-	-	-	-	-	-	-	-
20 -	-	-	-	-	-	-	-	-
25 -	-	-	-	1	-	-	-	-
35 -	-	-	-	1	-	-	-	-
45 -	-	-	-	-	-	-	-	-
55 -	-	-	-	-	-	-	-	-
65 -	-	-	-	-	-	-	-	-
75 and over	-	-	-	-	-	-	-	-
Total	-	-	-	2	-	-	-	-

SECTION G

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Two additional premises were registered during the course of the year and due to closures and changes in staffing arrangements the provisions regarding registration ceased to apply to four Retail Shops included in the total for 1968.

Inspections of the newly registered premises revealed 3 contraventions of the Act, most of which were minor faults soon rectified by the employer. In addition to the visits made for inspection purposes, 67 visits were made to registered premises in order to advise employers regarding requirements of the Act. There have been no reports of accidents in registered premises since the Act came into force.

Prescribed particulars on the administration of the Offices, Shops and Railway Premises Act, 1963, for the year 1969

Class of Premises	No. of premises registered during the year	Total number of registered premises at end of the year	No. of persons employed in work places incorporated with registered premises		No. of registered premises inspected during the year
			M	F	
Offices	-	17	22	25	-
Retail Shops	-	24	22	40	-
Wholesale shops and warehouses	-	2	4	-	-
Catering establishments open to the public, canteens	1	12	22	36	1
Fuel storage depots	1	4	11	2	1
Total	2	59	81	103	2
Total number of visits of all kinds by Inspectors to registered premises - 67					

ENFORCEMENT OF THE ACT

Class of Premises	Exemptions Granted				Prosecutions
	Space (Sec. 5).	Temperature (Sec.6).	Conveniences (Sec.9.)	Washing facilities (Sec.10).	
Offices	-	-	-	-	-
Retail Shops	-	-	-	-	-
Wholesale shops and warehouses	-	-	-	-	-
Catering establishments open to the public. canteens	-	-	-	-	-
Fuel storage depots	-	-	-	-	-

S E C T I O N H

F A C T O R I E S A C T, 1961

PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF
THE FACTORIES ACT, 1961, FOR THE YEAR 1969

CLASSIFIED LIST OF REGISTERED FACTORIES
AS AT 31ST. DECEMBER, 1969

	Power	Non- Power
1. Food manufacture	4	-
2. Wearing Apparel:-		
(a) Boots and shoes	1	-
(b) Outfitting	1	-
3. Carpentry, Joinery and Sawmills	7	4
4. Garages, Repair shops & Engineers	18	5
5. Laundries	2	-
6. Plumbers	-	2
7. Purification of water	2	-
8. Leather Accessories	4	-
9. Gasholders	-	-
TOTAL:	39	11

PART I OF THE ACT

1. INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH

Premises	No. on Register	Number of		
		Inspections	Written Notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	11	21	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	39	6	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	-	-	-	-
	50	27	-	-

CASES IN WHICH DEFECTS WERE FOUND

Particulars	No. of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			to H.M. Inspec.	by H.M. Inspec.	
Want of Cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary conveniences (S.7)	-	-	-	-	-
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork)	-	-	-	-	-
TOTAL:	-	-	-	-	-

PART VIII OF THE ACT - OUTWORK

Nature of Work	Section 133			Section 134		
	No. of out-Workers in August list required by Sec. 133. (i) (c) (2)	No. of cases of default in sending list to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Making Wearing Apparel	2	-	-	-	-	-
TOTAL:	2	-	-	-	-	-

SUMMARY OF
PUBLIC HEALTH INSPECTOR'S INSPECTIONS

Housing	1,919
Slaughterhouses and Butchers Shops	88
Bakehouses	2
Cafes	7
Shops	57
Offices	16
Factories and Workshops	27
Water Supplies	15
Infectious Diseases	21
Defective Premises	124
Defective Drainage	122
Pests Destruction	90
Tents, Vans and Sheds	67
Dairies	2
Verminous Premises	-
Nuisances	12
	<u>2,569</u>

NOTICES SERVED :-

Informal - Section 92 Public Health Act 1936	8
Statutory - Do.	Nil

